Docket No. **YOR920000652US1** 

## Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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the specification of which

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is attached heret	ο.		
□ was filed on		_ as United States Application No.	or PCT International
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and was amende	d on		
		(if applicable)	
•		erstand the contents of the above in endment referred to above.	dentified specification
_	•	nited States Patent and Trademark y as defined in Title 37, Code of	
Section 1.56.			
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United States or PCT International U.S.C. Section 112, I acknowledg Office all information known to make Section 1.56 which became available.	I application in the manner per the duty to disclose to the ne to be material to patentable between the filing date of	plication is not disclosed in the prorovided by the first paragraph of United States Patent and Trademability as defined in Title 37, C. F. If the prior application and the nation (Status)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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